

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

34400

## 1. PLACE OF DEATH

County St. LouisTownship CarondeletCity St. Louis (No. 1123)Registration District No. 1123Primary Registration District No. 6248 BFile No. 319Registered No. 319St. St. Louis Ward 10

## 2. FULL NAME

(a) Residence, No. Off Bk. R.R. #18 Broad St. Ward St. Louis

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR

Married (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFMarie

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

January 30, 1859

## 7. AGE

YEARS 74MONTHS 9DAYS 19If LESS than 1  
day, ..... hrs.  
or ..... min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farmer9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.Self10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Michleville Mo.

## 13. NAME

John Wagner14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Michleville Mo.

## 15. MAIDEN NAME

Kathryn Ochs16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)South Afton Mo.17. INFORMANT  
(ADDRESS)Marie Wagner  
R. 78, Box 20, Jeff. Bk. Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Old St. Johns Cem.DATE Oct. 21, 193319. UNDERTAKER  
(ADDRESS)C. Hoffmeister & Co.  
67810 to Broadway.

## 20. FILED

Oct 20 1933

Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1933

22. I HEREBY CERTIFY That I attended deceased from

May 1, 1933, to Oct 18, 1933I last saw him alive on 11-4-33, 1933 Death is saidto have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pericarditis Chronic 9/312/15 193212/15 1932

Other contributory causes of importance:

Coronary artery disease 2Name of operation Lab. Date of 2What test confirmed diagnosis? Lab. Was there an autopsy? 2

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 2 Date of injury 2, 1933Where did injury occur? 2

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 2Nature of injury 224. Was disease or injury in any way related to occupation of deceased? 2If so, specify Waterbury, M. D.(Signed) Waterbury(Address) St. Louis

Kelley